



Laparoscopic ColoRectal Surgery L-TAP-block plus Wound infiltration Vs. Wound infiltration only 2018 DATA COLLECTION FORM



PATIENT INFORMATION *(to be completed at the admission)*

Name _____ Identification code: _____ DOB (dd/mm/yyyy): ___/___/_____
 Sex: Male Female Age: _____ Weight: _____ kg Height: _____ cm BMI: _____ Smoker Yes No
 Race(s): White Black/African Asian Indian Other Alcohol abuse Yes No Drug addiction Yes No
 Diabetes Yes No Dyslipidemia Yes No Hypertension Yes No Cardiovascular Disease Yes No
 Chronic Kidney Disease Yes No Other Yes No *If yes specify* _____
 ASA score 1 2 3 4
 Previous abdominal surgery Yes No *If yes specify* _____
 Chronic analgesics Yes No *If yes specify*: NSAID Opioid Paracetamol
Specify drug and dose _____

PROCEDURE INFORMATION *(to be completed by the surgeon at the time of surgery)*

Date of Surgery (dd/mm/yyyy): ___/___/_____
 Indication to surgery Diverticular disease Colon cancer Rectal Cancer
 Colon Cancer site Cecum Ascending Hepatic flexure Transverse colon Splenic flexure Descending
 Sigmoid Upper Rectum Lower Rectum
 Metastasis Yes No *If yes specify*: _____ Neoadjuvant radiochemotherapy Yes No
 Procedure: Rt Hemicol Extended Rt Hemicol Lt Colectomy Lt Hemicol AR LAR Other _____
 Stoma Colostomy Ileostomy No
 Contemporary visceral resection Yes No *If yes specify*: _____
 Port number (including optical): _____ Minilaparotomy: Suprapubic Periumbilical Other: _____
 Length of minilaparotomy (cm) _____ Drain(s) Yes No Anesthesia time (mins) _____ Surgery time (mins) _____
 Intraoperative complications Yes No *If yes specify*: _____ Blood loss (ml) _____
 Pneumoperitoneum pressure (mmHg) _____ Total CO2 volume (liters) _____
 Regional analgesia TAP-block + Wound infiltration* Wound infiltration** At the beginning At the end of surgery
(to be completed by the surgeon in a separated database blinded to other research collaborators)
 Intraoperative analgesic drugs (drug and dose) _____
 Intraoperative antiemetic drugs (drug and dose) _____

*TAP-block+WI: 0.25% ropivacaine 20ml each side TAP (total 40ml) + WI 0.25% ropivacaine 10 ml for mini-laparotomy and 2.5 ml for each of 4 trocar incisions

**WI: 0.375% ropivacaine 40ml (20ml for mini-laparotomy and 5ml for each of 4 trocar incision)

POST-OPERATIVE INFORMATION *(to be completed by research collaborator blinded to regional analgesia type)*

Post-op.	NRS score <i>(highest score between at rest or coughing)</i>	PONV score*
4-6 h	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
12 h	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
24 h	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
48 h	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
72 h	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2

*PONV score: 0 no nausea/vomiting; 1 nausea; 2 vomiting
 ** intravenous infusion of 100 mg Tramadol (T) or 30 mg Ketorolac (K)
 *** DDD: 100 mg Tramadol = 1/3 DDD (1 DDD= 300 mg) 30 mg Ketorolac = 1 DDD



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Paracetamol routine doses	Rescue doses (<i>kind and dosing</i>)**
Day 0 (0-24 h) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Day 0 (0-24 h) T 100mg <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 K 30mg <input type="checkbox"/> 1 <input type="checkbox"/> 2 ***Total DDD_____
Day 1 (24-48 h) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Day 1 (24-48 h) T 100mg <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 K 30mg <input type="checkbox"/> 1 <input type="checkbox"/> 2 ***Total DDD_____
Day 2 (48-72 h) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Day 2 (48-72 h) T 100mg <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 K 30mg <input type="checkbox"/> 1 <input type="checkbox"/> 2 ***Total DDD_____
Day 3 (72-96 h) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Day 3 (72-96 h) T 100mg <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 K 30mg <input type="checkbox"/> 1 <input type="checkbox"/> 2 ***Total DDD_____

Prolonged postoperative ileus (*lack of intestine movement more than 3 days following surgery*) Yes No

Complications: SSI Intra-abdominal abscess Bleeding requiring transfusion/operative hemostasis Anastomotic leak
 Other surgical _____ General complications* _____

Reoperation (*within hospital stay*) Mortality

* pulmonary, cardiac, thromboembolic

Clavien-Dindo classification: _____

Time to first flatus (days): _____ **Time to stools** (days): _____ **Time to drain(s) removal** (days): _____

Time to liquid diet (days): _____ **Time to soft diet** (days): _____ **Time to discharge** (days): _____.

Sitting on chair (hours) _____ **Walking** (hours) _____

30 days Readmission Yes No

HISTOPATHOLOGICAL INFORMATION

Histologic type: Adenocarcinoma Mucinous Other (*specify*): _____ **Grade:** G1 G2 G3

Maximum tumor diameter: _____ cm **pT:** pTX pT0 pTis pT1 pT2 pT3 pT4 **pN:** pNX pT0 pT1 pT2

Regional lymph nodes: n° examined: _____ n° involved: _____ **pM:** pM0 pM1 **Stage:** 0 1 2 3 4

R: R0 R1 R2 **Distance of carcinoma:** From proximal margin _____ cm; From distal margin: _____ cm;

Circumferential margin (if applicable): _____ mm **Tumour budding:** Yes No **Vascular invasion:** Yes No